

**APPLICATION DATA SHEET****Application Information**

Application number::  
 Filing Date:: 01/03/02  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Suggested classification::  
 Suggested Group Art Unit::  
 CD-ROM or CD-R?:: No  
 Number of CD disks::  
 Number of copies of CDs::  
 Sequence submission?:: No  
 Computer Readable Form (CRF)?:: No  
 Number of copies of CRF::  
 Title :: STANDARDIZED INPATIENT-OUTPATIENT  
 NOMENCLATURES AND ACCEPTING BOTH  
 OUTPATIENT AND INPATIENT DATA TO  
 COMMONLY ACCESSIBLE STORAGE  
 Attorney Docket Number:: 920070.408  
 Request for Early Publication?:: No  
 Request for Non-Publication?:: Yes  
 Suggested Drawing Figure::  
 Total Drawing Sheets:: 55  
 Small Entity?:: No  
 Petition included?:: No  
 Petition Type::  
 Licensed U.S. Gov't Agency::  
 Contract or Grant No::  
 Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Middle Name:: E.  
Family Name:: Nielsen  
Name Suffix::  
City of Residence:: Gig Harbor  
State or Province of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 7601 43<sup>rd</sup> St. Ct. NW  
City of mailing address:: Gig Harbor  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98335

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**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brook  
Middle Name:: A.  
Family Name:: Thomson  
Name Suffix::  
City of Residence:: Lakewood  
State or Province of Residence:: Washington  
Country of Residence:: US  
Street of mailing address:: 7805 89<sup>th</sup> Ave., SW  
City of mailing address:: Lakewood  
State or Province of mailing address:: Washington  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98498

**Correspondence Information**

Correspondence Customer Number :: **30465**

**Representative Information**

Representative Customer Number::		<b>30465</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional	60/261,151	01/16/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	U.S. Army Medical Research and Materiel Command
Street of mailing address::	504 Scott Street
City of mailing address::	Fort Detrick
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	21702-5012